



City of Inverness
212 W Main Street
Inverness, FL 34450
352-726-3401

BUSINESS TAX APPLICATION

Name of Business: _____
☐ Corporation ☐ Sole Proprietor ☐ LLC

DBA/Fictitious Name (if any) _____

Business Location: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Previous Address (If Any) _____

Business Phone: _____ Business Fax: _____

Driver's License: _____ FL. Sales Tax #: _____

Type of Business: _____ Federal ID # _____

Date Business Opened: _____ Hours of Operation: _____

Email Address _____

Attach appropriate paperwork with application:

- * Copy of Water Contract _____
- * Eating Establishments (attach seating chart) _____ # of seats _____ Include one of the following:
Hotel/Restaurant Inspection: _____ Dept of Agriculture License: _____ Health Department Insp: _____
- * Professionals (Provide copy of License) _____
- * Retail Business (Provide square footage) _____
- * Contractors: Copy of License: _____ Workers Comp/Liability Insurance: _____
- * Apartments: # of rental units: _____ Laundromat: # of Washers/Dryers: _____
- * Transfer of Original License: Bill of Sale: _____ Previous Owner: _____

Applicant Signature: _____ Date: _____

Print Name _____

Office Use Only

SIC Code: _____ Receipt # _____ Fee: \$ _____ License #: _____

Fire Inspection Approved: _____ Date: _____ Denied: _____ Date: _____

Building/Zoning Approved: _____ Date: _____ Denied: _____